

## APPLICATION DATA SHEET

Application Information	
Application Number::	
Filing Date::	March 29, 2004
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R::	
Number of CD disks::	
Number of Copies of Cds::	
Sequence Submission::	Yes
Computer Readable Form (CRF)::	Yes
Number of Copies of CRF::	1
Title::	METHOD FOR MODIFICATION OF NMDA RECEPTORS THROUGH INHIBITION OF SRC
Attorney Docket Number::	2560.004
Request for Early Publication::	
Request for Non-Publication::	
Suggested Drawing Figure::	
Total Drawing Sheets::	10
Small Entity	Yes
Petition Included::	
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Application::	

Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canadian
Status::	Full Capacity
Given Name::	Michael
Middle Name::	W.
Family Name::	Salter
Name Suffix::	
City of Residence::	Toronto
State or Province of Residence::	Ontario
Country of Residence::	Canada
Street of Mailing Address::	88 Strath Avenue
City of Mailing Address::	Toronto
State or Province of Mailing Address::	Ontario
Country of Mailing Address::	Canada
Postal or Zip Code of Mailing Address::	M8X 1R5

Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canadian
Status::	Full Capacity
Given Name::	Jeffrey
Middle Name::	R.
Family Name::	Gingrich
Name Suffix::	
City of Residence::	Toronto
State or Province of Residence::	Ontario
Country of Residence::	Canada
Street of Mailing Address::	707-95 Thorncliffe Park Drive
City of Mailing Address::	Toronto
State or Province of Mailing Address::	Ontario
Country of Mailing Address::	Canada
Postal or Zip Code of Mailing Address::	M4H 1L7

Correspondence Information	
Correspondence Customer Number::	21917
Name::	McHALE & SLAVIN, P.A.
Street of Mailing Address::	2855 PGA Boulevard
City of Mailing Address::	Palm Beach Gardens
State or Province of Mailing Address::	Florida
Country of Mailing Address::	United States of America
Postal or Zip Code of Mailing Address::	33410-2910
Telephone::	(561) 625-6575
Facsimile::	(561) 625-6572
E-Mail Address::	palmbeach@mspatents.com

Representative Information		
Representative Customer No. 21917	Registration Number	Name

Domestic Priority Information			
Application	Continuity Type	Parent Application	Parent Filing Date

Foreign Priority Information			
Country	Application Number	Filing Date	Priority Claimed

Assignee Information	
Assignee Name::	The Hospital for Sick Children Research Institute
Street of Mailing Address::	555 University Avenue, Elm Street Wing, 10th Floor, Rm 10126
City of Mailing Address::	Toronto
State or Province of Mailing Address::	Ontario
Country of Mailing Address::	Canada
Postal or Zip Code of Mailing Address::	M5G 1X8